

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF UTAH | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 6,503.28 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 6,503.28 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|--|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 1,863.45 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 1,863.45 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 138,861.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 138,861.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 75,732.73 |
| | | Your total liabilities \$ 216,457.18 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 1,973.32 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 1,973.32 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 3,170.00 |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,170.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

| | |
|----|-----------------|
| \$ | <u>2,710.53</u> |
|----|-----------------|

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|----------------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>138,861.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>1,545.67</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>140,406.67</u> |

Fill in this information to identify your case and this filing:

| | | | |
|---|---|-------------|---|
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| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF UTAH | | | |
| Case number | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

| | | | | | |
|-----|--|---|--|--|--|
| 3.1 | Make: Chrysler Model: Town & Country Year: 2005 Approximate mileage: 194,000 Other information: Value based on kbb.com Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | Current value of the entire property? \$1,548.00 | Current value of the portion you own? \$1,548.00 |
| 3.2 | Make: Ford Model: Excursion Year: 2005 Approximate mileage: 221,000 Other information: Value based on kbb.com Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | Current value of the entire property? \$2,784.00 | Current value of the portion you own? \$2,784.00 |

Debtor 1 Maria Luisa Katherin Capili Rosete
Debtor 2 Shawn Jeffery Tilly

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$4,332.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?
Do not deduct secured claims or exemptions.****6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

| | |
|---|----------------|
| Stove & Refrigerator Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$70.00 |
|---|----------------|

| | |
|--|-----------------|
| Living Room Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$100.00 |
|--|-----------------|

| | |
|--|-----------------|
| Dining Room Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$200.00 |
|--|-----------------|

| | |
|--|-----------------|
| Bedroom Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$100.00 |
|--|-----------------|

| | |
|---|-----------------|
| Office Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$100.00 |
|---|-----------------|

| | |
|---|-----------------|
| Mattress Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$200.00 |
|---|-----------------|

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

| | |
|--|-----------------|
| Television, DVD Player, Gaming System, Computer & Printer Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$760.00 |
|--|-----------------|

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

| | |
|--|----------------|
| Belt Sander Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$50.00 |
|--|----------------|

| | |
|---|----------------|
| Camera Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$50.00 |
|---|----------------|

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

| | |
|---|-----------------|
| Clothing Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$200.00 |
|---|-----------------|

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

| | |
|--|-----------------|
| Citrine Pendant Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$100.00 |
|--|-----------------|

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

| | |
|--|---------------|
| Dog Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$0.00 |
|--|---------------|

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

| | |
|---|-----------------|
| Mechanic & Carpentry Tools Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$150.00 |
|---|-----------------|

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,080.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....

Institution name:

| | | |
|-----------------------|-------------------|----------------|
| 17.1. Prepaid: #0074 | Kroger | \$31.28 |
| 17.2. Prepaid: #8568 | Kroger | \$0.00 |
| 17.3. Checking: #4649 | Zions Bank | \$60.00 |

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No
 Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No
 Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- No
 Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

| |
|---|
| Child Support from James Hannah in an amount of \$6,000.00 |
|---|

| |
|----------------------|
| Child Support |
|----------------------|

| |
|---------------|
| \$0.00 |
|---------------|

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

Debtor 1 Maria Luisa Katherin Capili Rosete
Debtor 2 Shawn Jeffery Tilly

Document Page 8 of 47

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$91.28

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | | |
|--|------------------------------|------------|
| 55. Part 1: Total real estate, line 2 | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | | \$4,332.00 |
| 57. Part 3: Total personal and household items, line 15 | | \$2,080.00 |
| 58. Part 4: Total financial assets, line 36 | | \$91.28 |
| 59. Part 5: Total business-related property, line 45 | | \$0.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | + | \$0.00 |
| 62. Total personal property. Add lines 56 through 61... | | \$6,503.28 |
| | Copy personal property total | \$6,503.28 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$6,503.28 |

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--|--|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |
| 2005 Chrysler Town & Country 194,000 miles Value based on kbb.com Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from <i>Schedule A/B</i>: 3.1 | \$1,548.00 | <input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(3) |
| 2005 Ford Excursion 221,000 miles Value based on kbb.com Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from <i>Schedule A/B</i>: 3.2 | \$2,784.00 | <input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(3) |
| Stove & Refrigerator Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from <i>Schedule A/B</i>: 6.1 | \$70.00 | <input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-505(1)(a)(viii)(A) |
| Living Room Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from <i>Schedule A/B</i>: 6.2 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(1)(a) |

Debtor 1 Maria Luisa Katherin Capili Rosete
Debtor 2 Shawn Jeffery Tilly

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|--|---|
| Dining Room Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from Schedule A/B: 6.3 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(1)(b) |
| Bedroom Furniture Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from Schedule A/B: 6.4 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-505(1)(a)(viii)(E) |
| Clothing Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from Schedule A/B: 11.1 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-505(1)(a)(viii)(D) |
| Citrine Pendant Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from Schedule A/B: 12.1 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(1)(d) |
| Dog Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Line from Schedule A/B: 13.1 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-506(1)(c) |
| Child Support: Child Support from James Hannah in an amount of \$6,000.00 Line from Schedule A/B: 29.1 | \$0.00 | <input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Utah Code Ann. § 78B-5-505(1)(a)(vi) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
 Yes

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| | | | |
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| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF UTAH</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | Creditor's Name | Describe the property that secures the claim: | Column A | Column B | Column C |
|-----|---|---|---|--|-----------------------------|
| | | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Progressive Leasing | Mattress Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 | \$1,863.45 | \$200.00 | \$1,663.45 |
| | PO Box 413110 Salt Lake City, UT 84141 | Number, Street, City, State & Zip Code | | | |

Who owes the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

Nature of lien. Check all that apply.

Contingent

Unliquidated

Disputed

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Other (including a right to offset) _____

Date debt was incurred 10/3/2017

Last 4 digits of account number 2580

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,863.45

If this is the last page of your form, add the dollar value totals from all pages.

\$1,863.45

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|-----|--|-----------------|--------------------|
| 2.1 | Last 4 digits of account number <u>8951</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| | When was the debt incurred? <u>01/18/2019</u> | | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of PRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Child Support</u> | | |
| | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known)

2.2 **Internal Revenue Services** \$115,215.00

Priority Creditor's Name
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **P71A 0** \$115,215.00 \$0.00

When was the debt incurred? **2006**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Federal Taxes

2.3 **Los Angeles Treasurer/Tax Collector** \$258.00 \$258.00 \$0.00

Priority Creditor's Name
Revenue & Enforcement Division
225 North Hill Street, Room 109
Los Angeles, CA 90012

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **9919** \$258.00 \$258.00 \$0.00

When was the debt incurred? **12/27/2017**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Overpaid Benefits

2.4 **State of California, Franchise Tax Board** \$23,388.00 \$23,388.00 \$0.00

Priority Creditor's Name
PO Box 942867
Sacramento, CA 94240-0040

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **6366** \$23,388.00 \$23,388.00 \$0.00

When was the debt incurred? **2006**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

State Taxes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

 No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Debtor 1 **Maria Luisa Katherin Capili Rosete**Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

 Yes.

- 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|---|---|
| 4.1 | America First Credit Union Nonpriority Creditor's Name PO Box 9199 Ogden, UT 84409 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 5080 When was the debt incurred? 02/19/2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Bank Fees |
| 4.2 | Asset Acceptance LLC Nonpriority Creditor's Name PO Box 2036 Warren, MI 48090 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 3764 When was the debt incurred? 03/29/2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account for Providian Bank |
| 4.3 | Bonneville Billing and Collections, Inc. Nonpriority Creditor's Name PO Box 150621 Ogden, UT 84415 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 7027 When was the debt incurred? Opened 6/22/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account for Spencer Wade DDS |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

4.4

Capital One Bank

Nonpriority Creditor's Name

PO Box 30285**Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

6079**\$863.28**

When was the debt incurred?

1/29/2019

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**

4.5

CashNetUSA

Nonpriority Creditor's Name

175 W Jackson Blvd #1000**Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

8708**\$2,032.56**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Payday Loan**

4.6

CBE Group

Nonpriority Creditor's Name

The CBE Group, Inc.**PO Box 900****Waterloo, IA 50704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

6285**\$859.00****Opened 05/17 Last Active****11/08/17**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Collection Account for Intermountain Healthcare - McKay Dee Hospital**

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | | | |
|-----|---|--|----------|
| 4.7 | Check City Nonpriority Creditor's Name PO Box 970183 Orem, UT 84097 Number Street City State Zip Code | Last 4 digits of account number <u>3136</u> | \$728.61 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? <u>2019</u> | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify <u>Payday Loan</u> | |
| 4.8 | Credit Collection Services Nonpriority Creditor's Name PO Box 55126 Boston, MA 02205-5126 Number Street City State Zip Code | Last 4 digits of account number <u>3452</u> | \$168.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? <u>Opened 2/20/14</u> | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify <u>Collection Account for Progressive Insurance</u> | |
| 4.9 | Elmore Chiropractic & Nutrition, LLC Nonpriority Creditor's Name 1747 South Heritage Lane, Suite B105 Syracuse, UT 84075 Number Street City State Zip Code | Last 4 digits of account number <u>vins</u> | \$62.15 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | When was the debt incurred? <u>03/31/2019</u> | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | | | |
|--|--|---|----------|
| 4.1 0 | Express Recovery Services, Inc. Nonpriority Creditor's Name PO Box 26415 Salt Lake City, UT 84126 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 6403 | \$269.73 |
| | | When was the debt incurred? Opened 12/17 | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Account for Tanner Clinic | | | |
| 4.1 1 | Express Recovery Services, Inc. Nonpriority Creditor's Name PO Box 26415 Salt Lake City, UT 84126 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 63DC | \$692.00 |
| | | When was the debt incurred? 04/30/2019 | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Garnishment | | | |
| 4.1 2 | Heritage Dental Associates Nonpriority Creditor's Name 1747 Heritage Lane Suite A1 Syracuse, UT 84075 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0317 | \$118.35 |
| | | When was the debt incurred? 05/04/2019 | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | | | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | | |
|------------------|--|--|
| 4.1 3 | <p>I C System Inc Nonpriority Creditor's Name Attn: Bankruptcy PO Box 64378 St Paul, MN 55164</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1343 \$336.00</p> <p>When was the debt incurred? Opened 05/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Account for Banfield Pet Hospital</p> |
| 4.1 4 | <p>Intermountain Dental Specialists Nonpriority Creditor's Name 2797 North Highway 89 #200 Pleasant View, UT 84414</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 0007 \$441.53</p> <p>When was the debt incurred? 12/01/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p> |
| 4.1 5 | <p>Knight Adjustment Bureau Nonpriority Creditor's Name 5525 South 900 East Suite # 215 Salt Lake City, UT 84117</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 3783 \$328.26</p> <p>When was the debt incurred? 03/21/2019</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Account for Alpine Home Medical Equipment</p> |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

4.1
6**Layton Hills Dental**

Nonpriority Creditor's Name

**743 N King Street, Suite 300
Layton, UT 84041**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical**

Last 4 digits of account number **0082****\$119.36**When was the debt incurred? **10/01/2018**

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.1
7**LVNV Funding, LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Judgment**

Last 4 digits of account number **2564****\$2,313.33**When was the debt incurred? **06/10/2017**

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Judgment**4.1
8**LVNV Funding, LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Judgment**

Last 4 digits of account number **4859****\$1,852.19**When was the debt incurred? **12/24/2018**

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Judgment**

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

4.1
9**LVNV Funding/Resurgent Capital**

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 10497****Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

4289**\$642.13**

When was the debt incurred?

Opened 06/18

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection Account for Credit One Bank**N.A.**4.2
0**Midland Credit Management, Inc.**

Nonpriority Creditor's Name

PO Box 93069**San Diego, CA 92193**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

8296**\$490.42**

When was the debt incurred?

04/05/2019

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Account for Citibank/Best Buy4.2
1**Midland Funding**

Nonpriority Creditor's Name

PO Box 939069**San Diego, CA 92193**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

2455**\$1,225.47**

When was the debt incurred?

04/26/2019

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Summons and Complaint Served

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | | | |
|--|---|---|------------|
| 4.2 2 | Monarch Recovery Management Inc Nonpriority Creditor's Name PO Box 986 Bensalem, PA 19020 | Last 4 digits of account number 7593 | \$1,044.54 |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collection Account for Iasis Healthcare <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| Monarch Recovery Management Inc Nonpriority Creditor's Name PO Box 986 Bensalem, PA 19020 | | | |
| Last 4 digits of account number 5545 | | | |
| When was the debt incurred? 3/19/2019 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collection Account for First Portfolio Ventures I, LLC <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| National Credit Adjusters, LLC Nonpriority Creditor's Name 327 West 4th Avenue PO Box 3023 Hutchinson, KS 67504 | | | |
| Last 4 digits of account number 7183 | | | |
| When was the debt incurred? Opened 02/18 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collection Account for Rise Credit Of Utah <input type="checkbox"/> Yes | | | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

4.2
5 **National Service Bureau, Inc** Last 4 digits of account number **2073** \$116.00

Nonpriority Creditor's Name

Attn: Bankruptcy
18912 North Creek Parkway, Suite
205
Bothwell, WA 98011

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection Account for Epic Emerg Phys Integrated4.2
6 **U.S. Department of Education** Last 4 digits of account number **6071** \$49,461.00

Nonpriority Creditor's Name

National Payment Center
PO Box 790336
Saint Louis, MO 63179

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Student Loans4.2
7 **ViaCord** Last 4 digits of account number **0964** \$500.00

Nonpriority Creditor's Name

PO Box 504822
Saint Louis, MO 63150

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | | | |
|----------|--|--|------------|
| 4.2 8 | Weber State University Nonpriority Creditor's Name Loan Servicing 3850 Dixon Parkway, Dept 1023 Ogden, UT 84408-1023 | Last 4 digits of account number 0816 | \$1,545.67 |
| | Number Street City State Zip Code | When was the debt incurred? Opened 08/16 Last Active 4/15/19 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input checked="" type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Other. Specify _____ | |

Tuition & Fees**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Alpha Recovery Corp
6912 S Quentin St #10
Englewood, CO 80112

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Alpine Home Medical Equipment
132 East 13065 South, Suite 200
Draper, UT 84020

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Banfield Pet Hospital
18101 SE 6th Way
Vancouver, WA 98683

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Best Buy Credit Services
PO Box 78009
Phoenix, AZ 85062-8009

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Citibank N.A.
PO Box 5403
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Credit One Bank
Attn: Bankruptcy Department
PO Box 98873
Las Vegas, NV 89193

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Davis Hospital & Medical Center
PO Box 27012
Salt Lake City, UT 84127

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Maria Luisa Katherin Capili Rosete**Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

Last 4 digits of account number

Name and Address

**Edwin B Parry, PC
PO Box 25727
Salt Lake City, UT 84125-0707**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Emergency Physicians Integrated
Care
PO Box 96398
Oklahoma City, OK 73143-6398**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fed Loan Servicing
PO Box 530210
Atlanta, GA 30353-0210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Portfolio Ventures
3091 Governors Lake Dr #500
Peachtree Corners, GA 30071**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Iasis Healthcare
406 South Jordan Parkway #500
South Jordan, UT 84095**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Intermountain Healthcare
Patient Financial Services
PO Box 410400
Salt Lake City, UT 84141**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Johnson Mark LLC
PO Box 7811
Sandy, UT 84091-7811**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Machol & Johannes, LLC
PO Box 1178
American Fork, UT 84003**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**MetaBank
600 Main Avenue
PO Box 98
Brookings, SD 57006**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Office of Recovery Services
PO Box 45033
Salt Lake City, UT 84145-0033**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates
Attn: Bankruptcy
PO Box 41067**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Maria Luisa Katherin Capili Rosete**Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

Norfolk, VA 23541

Last 4 digits of account number

Name and Address

**Progressive Classic Insurance
Company
6300 Wilson Mills Rd #W33
Mayfield Village, OH 44143**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Providian Bank
5215 Wiley Post Way
Salt Lake City, UT 84116**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**RISE
PO Box 101808
Fort Worth, TX 76185**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Second District Court, Farmington
Dept
800 W State St
Farmington, UT 84025**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Spencer Wade, DDS
5139 South 1900 West
Roy, UT 84067**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Tanner Clinic
PO Box 337
Layton, UT 84041**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim |
|---|---|--------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 138,861.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| 6e. Total Priority. Add lines 6a through 6d. | | 138,861.00 |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 1,545.67 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 74,187.06 |
| 6j. Total Nonpriority. Add lines 6f through 6i. | | 75,732.73 |

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 Ricardo Rosete 1671 Cherry Blossom Circle Syracuse, UT 84075 | Lessee: Shawn Tilly Location: 1671 Cherry Blossom Circle, Syracuse UT 84075 Monthly Rental: \$900 Residential lease is on a year to year basis |
| 2.2 T-Mobile PO Box 53410 Bellevue, WA 98015 | Cellphone Contract Expires 01/2022 |
| 2.3 Xfinity Comcast PO Box 34744 Seattle, WA 98124 | Internet Contract |

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____
Number _____ Street _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____
Number _____ Street _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | Maria Luisa Katherin Capili Rosete |
| Debtor 2 (Spouse, if filing) | Shawn Jeffery Tilly |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH |
| Case number (if known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|---|
| Employment status | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | Homemaker | Sales Associate |
| Employer's name | | Fred Meyer Jewelers |
| Employer's address | | Smith's Marketplace 555 South 200 West Bountiful, UT 84010 |

How long employed there? _____ 8 Months _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 0.00 | \$ 2,835.84 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ 0.00 | \$ 2,835.84 |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|------------------------|--|
| 4. _____ | \$ 0.00 | \$ 2,835.84 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ 484.42 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 0.00 | \$ 164.33 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 200.77 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: PAI11 Processing Fee | 5h.+ \$ 0.00 | + \$ 4.33 |
| | \$ 0.00 | \$ 8.67 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 0.00 | \$ 862.52 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ 1,973.32 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ 0.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 0.00 | + \$ 1,973.32 = \$ 1,973.32 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | 11. +\$ 0.00 | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | | |
| | 12. \$ 1,973.32 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | Maria Luisa Katherin Capili Rosete |
| Debtor 2 (Spouse, if filing) | Shawn Jeffery Tilly |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH |
| Case number (If known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Son

1 Year

No

Yes

No

Yes

No

Yes

No

Yes

Son

5 Years

No

Yes

No

Yes

No

Yes

Son

8 Years

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **900.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|--------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 50.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
 Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

6. Utilities:

| | |
|--|----------------------|
| 6a. Electricity, heat, natural gas | 6a. \$ <u>350.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>120.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>400.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |

7. Food and housekeeping supplies

| | |
|---|---------------------|
| 8. Childcare and children's education costs | 8. \$ <u>150.00</u> |
|---|---------------------|

9. Clothing, laundry, and dry cleaning

| | |
|---|---------------------|
| 10. Personal care products and services | 10. \$ <u>20.00</u> |
|---|---------------------|

11. Medical and dental expenses

| | |
|--|----------------------|
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 11. \$ <u>100.00</u> |
|--|----------------------|

| | |
|--|----------------------|
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 12. \$ <u>200.00</u> |
|--|----------------------|

| | |
|--|---------------------|
| 14. Charitable contributions and religious donations | 13. \$ <u>20.00</u> |
|--|---------------------|

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

| | |
|--------------------------------------|-----------------------|
| 15a. Life insurance | 15a. \$ <u>0.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>120.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> |

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

| | |
|----------------|--------------------|
| Specify: _____ | 16. \$ <u>0.00</u> |
|----------------|--------------------|

17. Installment or lease payments:

| | |
|---------------------------------|---------------------|
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> |

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

| | |
|---|--------------------|
| 19. Other payments you make to support others who do not live with you. | 18. \$ <u>0.00</u> |
|---|--------------------|

| | |
|----------------|----------------|
| Specify: _____ | \$ <u>0.00</u> |
|----------------|----------------|

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

| | |
|---|---------------------|
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |

21. Other: Specify: **Pet Care**

| |
|----------------------|
| 21. +\$ <u>50.00</u> |
|----------------------|

22. Calculate your monthly expenses

| | |
|--|--------------------|
| 22a. Add lines 4 through 21. | \$ <u>3,170.00</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>3,170.00</u> |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>3,170.00</u> |

23. Calculate your monthly net income.

| | |
|---|--------------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ <u>1,973.32</u> |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>3,170.00</u> |

| |
|--------------------------|
| 23c. \$ <u>-1,196.68</u> |
|--------------------------|

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Maria Luisa Katherin Capili Rosete
Maria Luisa Katherin Capili Rosete
Signature of Debtor 1

Date June 28, 2019

X /s/ Shawn Jeffery Tilly
Shawn Jeffery Tilly
Signature of Debtor 2

Date June 28, 2019

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Shawn Jeffery Tilly | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

| | Debtor 1 | Debtor 2 | | |
|---|--|--|--|--|
| From January 1 of current year until the date you filed for bankruptcy: | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$16,935.59 |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
|---|--|---|--|---|
| For last calendar year: (January 1 to December 31, 2018) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$22,909.00 |
| For the calendar year before that: (January 1 to December 31, 2017) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$10,256.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|---|--|--|--|---|
| From January 1 of current year until the date you filed for bankruptcy: | Food Stamps | \$2,900.00 | | |
| For last calendar year: (January 1 to December 31, 2018) | Food Stamps | \$5,860.00 | | |
| For the calendar year before that: (January 1 to December 31, 2017) | Food Stamps | \$3,840.00 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|------------------------------------|-------------------------|--------------------------|-----------------------------|---------------------------------|
|------------------------------------|-------------------------|--------------------------|-----------------------------|---------------------------------|

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|--|--------------------|---|---|
| Midland Funding, LLC v Shawn Tilly 199702455 | Debt Collection | Second District Court, Farmington Dept 800 W State St Farmington, UT 84025 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Summons and Complaint Served | | | |
| Express Recovery Services Inc v Katherin Rosete & Shawn Tilly 199701363 | Debt Collection | Second District Court, Farmington Dept 800 W State St Farmington, UT 84025 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Garnishment | | | |
| LVNV Funding LLC v Katherin Rosete 189705314 | Debt Collection | Second District Court, Farmington Dept 800 W State St Farmington, UT 84025 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Judgment | | | |
| LVNV Funding, LLC v Katherin Rosete 179702564 | Debt Collection | Second District Court, Farmington Dept 800 W State St Farmington, UT 84025 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Judgment | | | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property Explain what happened | Date | Value of the property |
|--|--|------------|-----------------------|
| Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126 | Wages <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied. | 06/06/2019 | \$176.34 |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Charity's Name | Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|----------------|--|-------------------------------|-----------------------|-------|
|--|----------------|--|-------------------------------|-----------------------|-------|

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|--|---|-------------------|------------------------|

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**Case number (*if known*)**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Vannova Legal, PLLC 49 West 9000 South Sandy, UT 84070 | \$1,200 Attorney Fees \$66 Credit Report | 03/08/2017 06/12/2019 | \$1,200.00 |
| Summit Financial Education 4800 East Flower Street Tucson, AZ 85712 | \$14.95 for Credit Counseling Services | 06/11/2019 | \$14.95 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---------------------|---|-----------------------------------|-------------------|
| | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

| Person Who Received Transfer | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|------------------------------|---|--|------------------------|
| Person's relationship to you | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
| | | |

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
| | | | | |

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (if known) _____

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|---|--|---|
| America First Credit Union PO Box 9199 Ogden, UT 84409 | XXXX-5080 | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | 02/19/2019 | \$0.00 |
| JPMorgan Chase Bank PO Box 659732 San Antonio, TX 78265 | XXXX- | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | 05/2019 | Unknown |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|
|--|--|-----------------------|-------|

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**Case number (*if known*)**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

| | | | |
|---------------------------|---|--------------------|--------------------|
| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|--|
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

| | |
|---|-------------|
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Maria Luisa Katherin Capili Rosete
Maria Luisa Katherin Capili Rosete
Signature of Debtor 1

Date June 28, 2019

/s/ Shawn Jeffery Tilly
Shawn Jeffery Tilly
Signature of Debtor 2

Date June 28, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Maria Luisa Katherin Capili Rosete | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Shawn Jeffery Tilly | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
|---|---|---|

Creditor's **Progressive Leasing**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of **Mattress**
property Location: 1671 Cherry Blossom
securing debt: **Circle, Syracuse UT 84075**

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Ricardo Rosete**

No

Yes

Description of leased Property: **Lessee: Shawn Tilly
Location: 1671 Cherry Blossom Circle, Syracuse UT 84075
Monthly Rental: \$900
Residential lease is on a year to year basis**

Debtor 1 **Maria Luisa Katherin Capili Rosete**
Debtor 2 **Shawn Jeffery Tilly**

Case number (*if known*) _____

Lessor's name: **T-Mobile**

No

Yes

Description of leased Property: **Cellphone Contract
Expires 01/2022**

Lessor's name: **Xfinity Comcast**

No

Yes

Description of leased Property: **Internet Contract**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Maria Luisa Katherin Capili Rosete
Maria Luisa Katherin Capili Rosete
Signature of Debtor 1

X /s/ Shawn Jeffery Tilly
Shawn Jeffery Tilly
Signature of Debtor 2

Date **June 28, 2019**

Date **June 28, 2019**

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + <u>\$15</u> | trustee surcharge |
| | \$335 total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filings fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|---------------|---------------------------|
| \$200 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|---------------|---------------------------|
| \$235 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
District of Utah**

In re **Maria Luisa Katherin Capili Rosete**
Shawn Jeffery Tilly

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: June 28, 2019

/s/ Maria Luisa Katherin Capili Rosete

Maria Luisa Katherin Capili Rosete

Signature of Debtor

Date: June 28, 2019

/s/ Shawn Jeffery Tilly

Shawn Jeffery Tilly

Signature of Debtor